

4K STUDENT REGISTRATION & ENROLLMENT FORM

SPRING GROVE PUBLIC SCHOOLS

GENERAL INFORMATION & INSTRUCTIONS:

This registration form must be completed by the parent/guardian of the child. Please PRINT the information.

CHILD IDENTIFICATION INFORMATION		
Child's Legal Name <i>(First, Middle, Last)</i>		
Child's Birthdate	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade
Primary Contact	Relationship <i>(mom & dad, mom, dad, guardian)</i>	
Primary Address		
City	State	Zip Code
Primary Email	PASSWORD -- If brand new to Spring Grove Schools, please submit a Password for JMC. JMC is our school software for lunch accounts, grades, attendance, etc.	

EMERGENCY CONTACTS			
PHONE NUMBER	NAME	RELATIONSHIP <small>(mom, dad, uncle, aunt, etc)</small>	TYPE
			<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other _____
			<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other _____
			<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other _____
			<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other _____

PREVIOUS HEALTH & DEVELOPMENTAL SCREENING INFORMATION
Has your child received a comprehensive health and developmental screening as a preschooler (3-5 years old)? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, screening date: _____ WHERE: _____ Has your child ever been evaluated for special education or ever received special education services through an Individual Education Plan (IEP), Individual Family Service Plan (IFSP) or Individual Interagency Intervention Plan (IIIP)? <input type="checkbox"/> YES <input type="checkbox"/> NO

I give the Spring Grove School District permission to administer sunscreen & insect repellent as needed.

HEALTH HISTORY: _____

ALLERGIES: _____

MEDICATIONS: _____

Other Health Issues: _____

SIBLINGS: <small>Please list names and dates of birth of other brothers and sisters living in the household</small>	
Name	Birthdate
_____	_____
_____	_____
_____	_____
_____	_____

*You are not done yet!
Please complete
the back →*

PRIMARY/SECONDARY LANGUAGE INFORMATION

Which Language did your child learn first?

 English Other (specify): _____

Which language is most often spoken in your home?

 English Other (specify): _____

Which language does your child usually speak?

 English Other (specify): _____**RACIAL/ETHNICITY**

- Hispanic-Latino
 American Indian-Alaskan Native
 North American Indian
 Asian
 Black-African American
 Hawaiian/Pacific Islander
 White

ENROLLMENT

Classes fill up quickly. Please register early to ensure a spot in our program.

Which session would you prefer? (must be 4 years old by September 1st)

	A.M. Session 8:15 - 11:15 a.m. (M - Th)	\$195/month
	P.M Session 12:15 - 3:15 p.m. (M - Th)	\$195/month

*** Payments will be due the 5th of the month.*There is a **\$25 registration fee.***All checks payable to: Spring Grove Public Schools***PERSONS AUTHORIZED TO PICK UP CHILD:**

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Under no circumstances will a child be released to anyone not known to the school without authorization from parents or guardians.**TRANSPORTATION**

Midday in-town transportation (drop-off after morning session or pick-up for afternoon session) will be available for a fee. Would you like this transportation? _____ Yes _____ No

PARENT/GUARDIAN VERIFICATION OF INFORMATION

I hereby verify that the above information is true and correct to the best of my knowledge.

Signature -- Parent/Legal Guardian_____
Date

Please send completed application and \$25 registration fee to:
Spring Grove Public Schools, 113 2nd Ave NW, Spring Grove, MN 55974